FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20049

OMB APPROVAL

OMB Number: 3235-0287
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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5 obligations may continue. See
J	obligations may continue. See
	Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Consider Cons						2. Issuer Name and Ticker or Trading Symbol HASBRO INC [HAS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Stoddart Richard S					102	110	1.0	[]					X	Direct	or		10% O	vner		
	LEO BURNETT, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2016									Office below	r (give title)		Other (sbelow)	specify	
35 WEST WACKER DRIVE					4. If	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) CHICAGO IL 60601														Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	tate) (Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed (Code (Instr. 5)		rities Acqui ed Of (D) (In		and Securit		ies For ially (D) Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	V	Amount	t (A) or Pi		e	Transac (Instr. 3	ction(s)			(
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date, T	ransaction ode (Instr.				6. Date Exer Expiration D (Month/Day/	ate		7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar	f g Securit	Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amour or Number of Shares	r						
Phantom Stock Units ⁽¹⁾	\$0 ⁽²⁾	09/30/2016			A		453		(3)(4)		(3)(4)	Common Stock	453	\$	79.33	4,857		D		

Explanation of Responses:

- 1. All of the phantom stock units were acquired pursuant to the Hasbro, Inc. Deferred Compensation Plan for Non-Employee Directors in compliance with Rule 16b-3.
- 2. Units correspond 1 for 1 with common stock.
- 3. Units are settled only in cash and are payable after the reporting person ceases to be a director.
- 4. Vesting of 19 units will occur on the earlier of 12/31/2016 (provided reporting person is still a director as of such date) and the death, disability or retirement (after age 72) of the reporting person. Vesting of 19 units will occur on the earlier of 12/31/2017 (provided reporting person is still a director as of such date) and the death, disability or retirement (after age 72) of the reporting person. The remainder of the units are immediately vested.

<u>Tarrant Sibley, P/O/A for</u> Richard S. Stoddart

10/04/2016

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.